

## REQUEST FOR COPIES

Please fill out this form to obtain a copy of a law enforcement report. There is a minimum charge of \$2.00 to provide the search, and up to four (4) pages, additional pages are \$.50 each. \$2.00 needs to be included with this form. If there are additional fees you will be advised. **If the requested report is considered confidential in nature it requires a different type of request, procedure, cost and longer waiting period. If you are not sure please ask Records Personnel.**

**ONLY COMPLAINANT/VICTIM OR AN AUTHORIZED REPRESENTATIVE IS ENTITLED TO RECEIVE COPIES. REPRESENTATIVE MUST INCLUDE COPY OF SIGNED WAIVER OF RELEASE FROM YOUR CLIENT.**

TODAY'S DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

RELATIONSHIP (VICTIM/COMPLAINANT, INSURANCE AGENT, ATTORNEY, ETC.): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

INCIDENT: (check one) \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

\_\_\_\_\_ Accident

\_\_\_\_\_ Damaged property

\_\_\_\_\_ Theft

\_\_\_\_\_ Other (Explain) \_\_\_\_\_

### REPORT MADE TO:

\_\_\_\_\_ Gallatin County Sheriff's Office Deputy: \_\_\_\_\_

\_\_\_\_\_ Bozeman City Police Department Officer: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_

DATE REPORTED: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

PERSONS INVOLVED: \_\_\_\_\_

**HAVE YOU APPEARED BEFORE A JUDGE REGARDING THIS INCIDENT OR OFFENSE: \_\_\_\_\_ YES \_\_\_\_\_ NO**

Check One: \_\_\_\_\_ Please mail to address above \_\_\_\_\_ Please call when ready, I will pick up

Records Custodian: \_\_\_\_\_ Release Date: \_\_\_\_\_